

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



700253545347

11/18/13--01011--010 **125.00

13 NOV 18 PM 2: 31
SECRET ARY OF STATE
ALL LARY SEFF FLORIDA

MON 18 FAILURE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Paul Dussbaum Gutomodive LLC Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Paul Dussbaum Name of Person |
| Paul Dussboum GuTomoTine Firm/Company |
| 907/ Tomioni Trail Sout |
| Address |
| City/State and Zip Code Pauliedo C yaloo Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Poul Duss lour at (4)3 8344156 Name of Person at (4)3 Area Code & Daytime Telephone Number |
| Englosed is a check for the following amount: |
| ■\$125.00 Filing Fee \$\ |
| Mailing Address Registration Section Registration Section |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

Port Duss boun Gutomattre LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---------------------------|----------------------|
| MG55 Tratt Circle | 9071 Tomioni Troil S |
| Dorth DIR FL | Venice FL 34253 |
| <i>\$\tag{\sum}</i> | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

Poll Desson

Name

Name

7555 Trit Grele

Florida street address (P.O. Box NOT acceptable)

October FL 34187

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|---|--|-----|
| 00602 | POUL DUSSBOUM 4955 Frost Circle DIGH OUT FL 3418 | 2 |
| | | |
| 1519 1 | | |
| | | |
| (Use attachment if necessary) CLEV: Effective date if other than the | date of filing: (OPTION | ۱A۱ |
| | he specific and cannot be more than five husin | 100 |
| effective date is listed, the date must | be specific and cannot be more than five busing | 1es |
| | be specific and cannot be more than five busing | ies |
| effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: | Law of an authorized representative of a member. | nes |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee